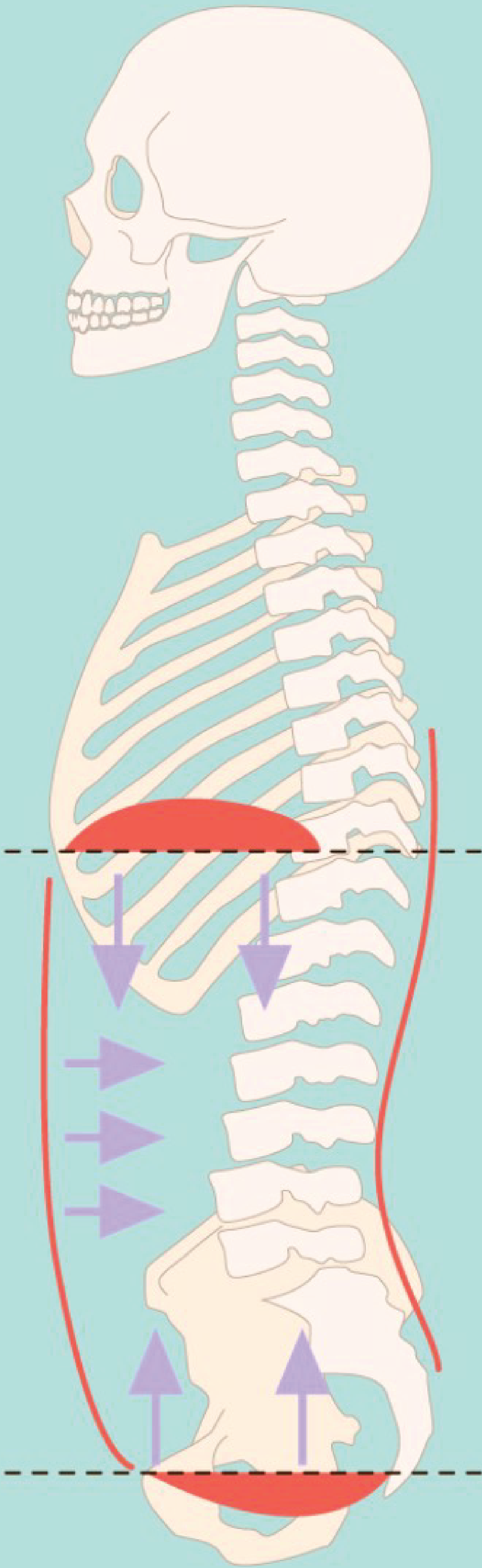
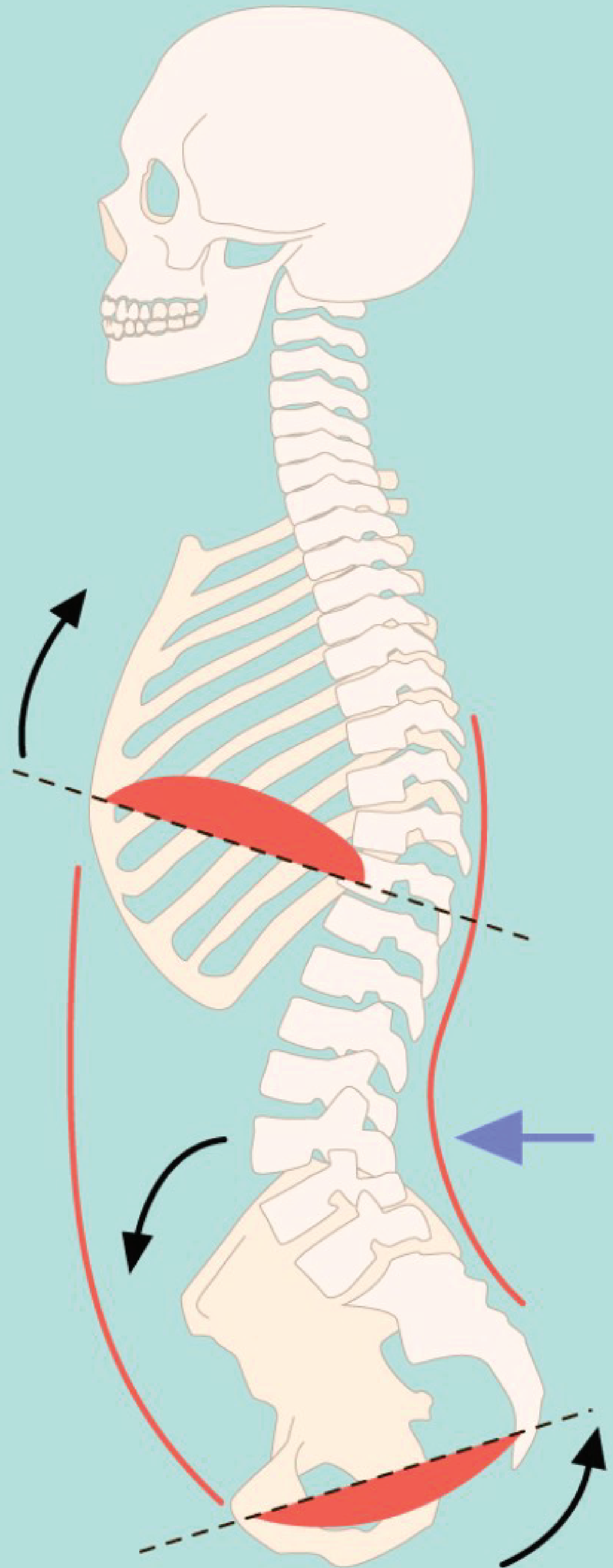
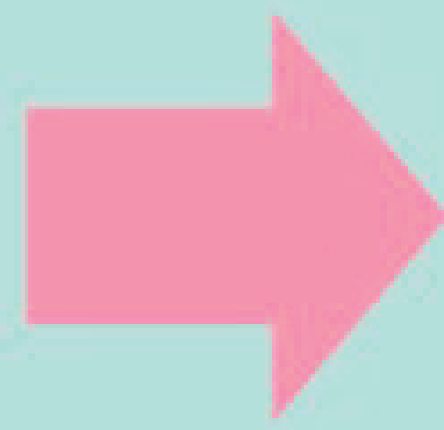
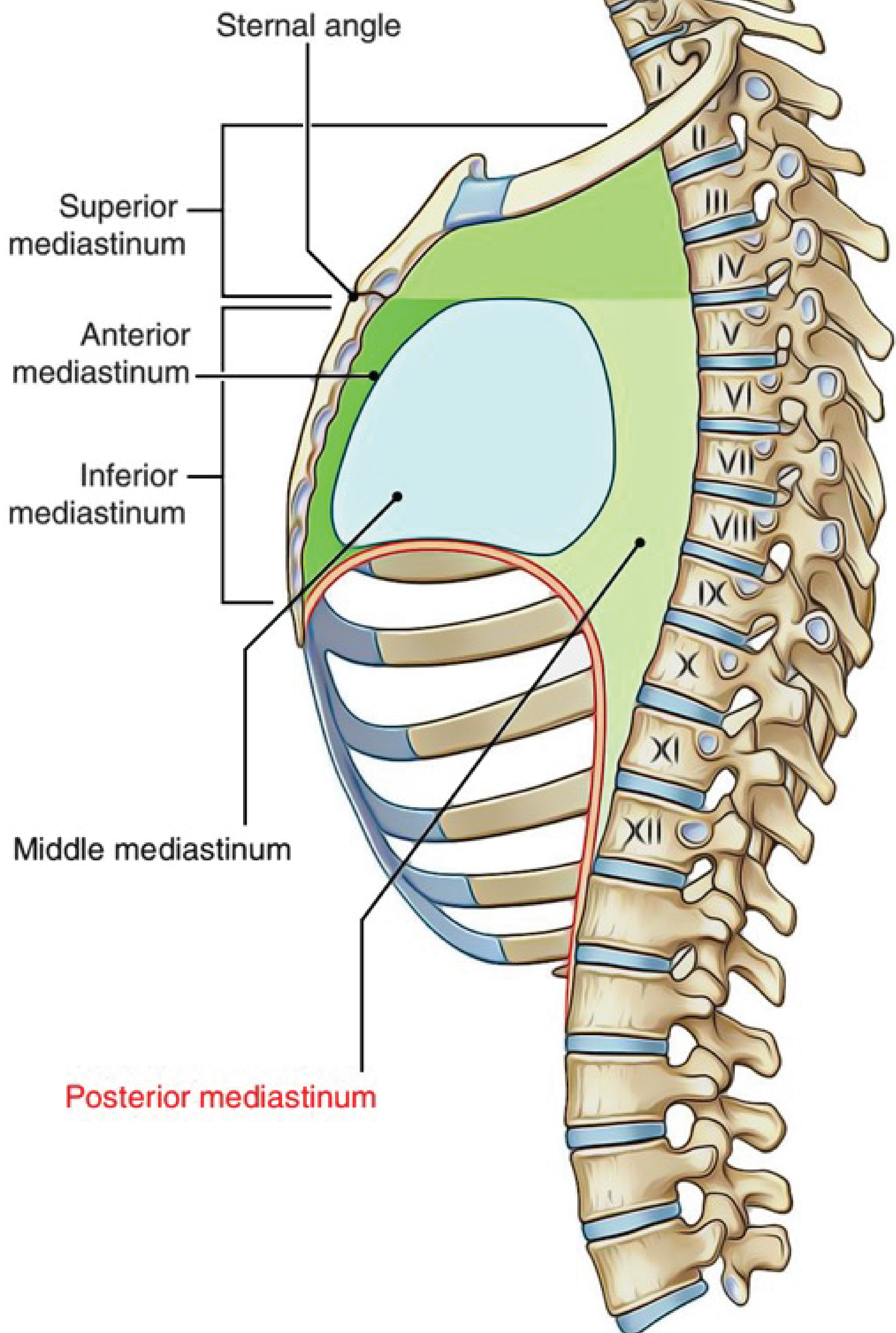




Canister Position



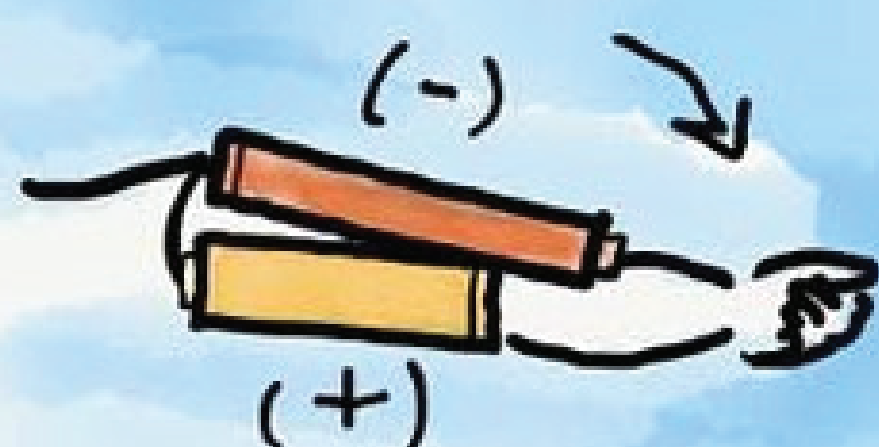
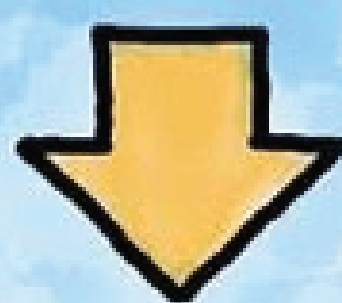
Scissor Position



Movement & Fascia



GAIT / WALKING
ONE OF BEST WAYS
TO
ACTIVATE
SPIRAL
LINES
&
FASCIA

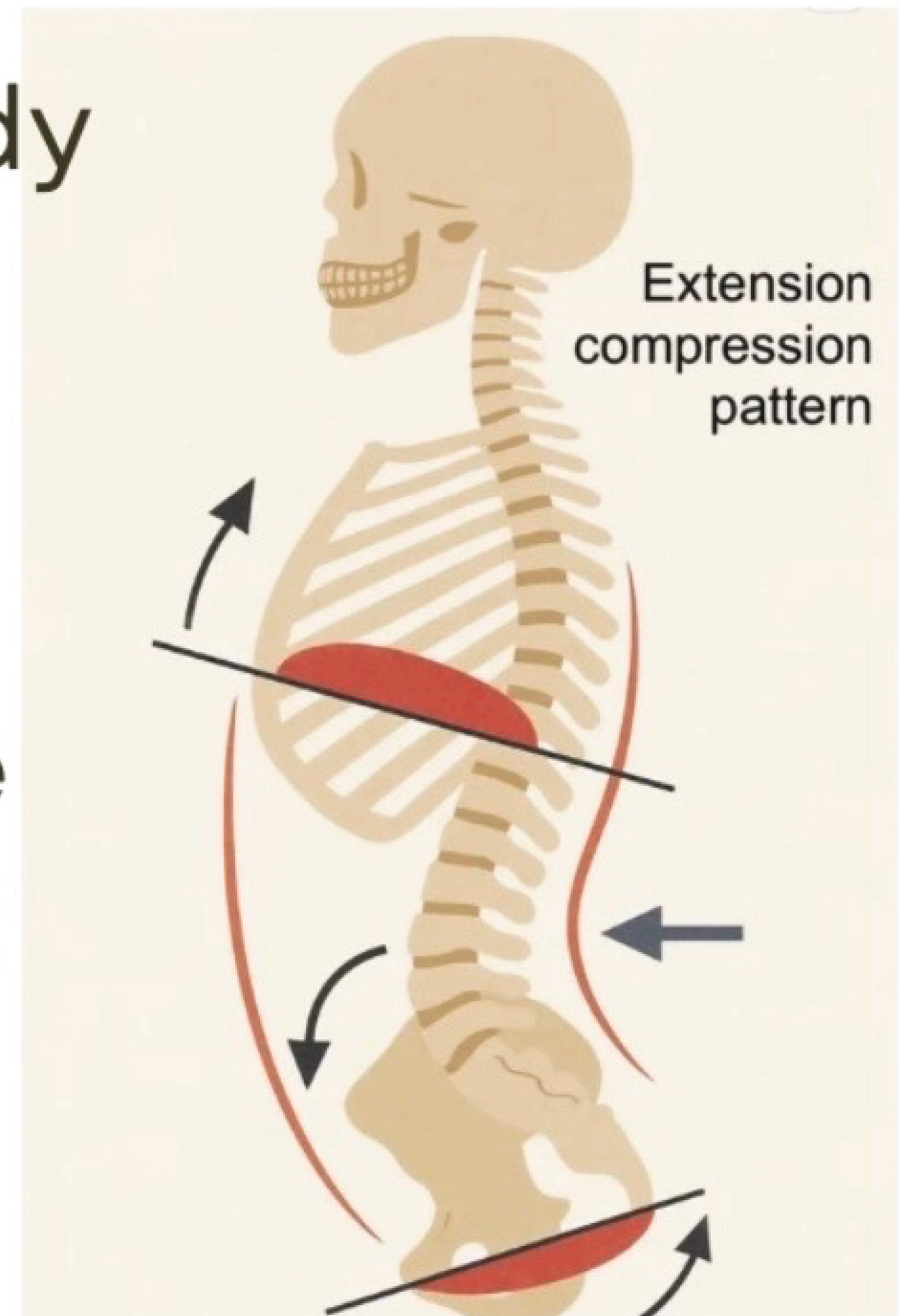


Piezoelectric

EXTENSION SHORTENS THE BREATH

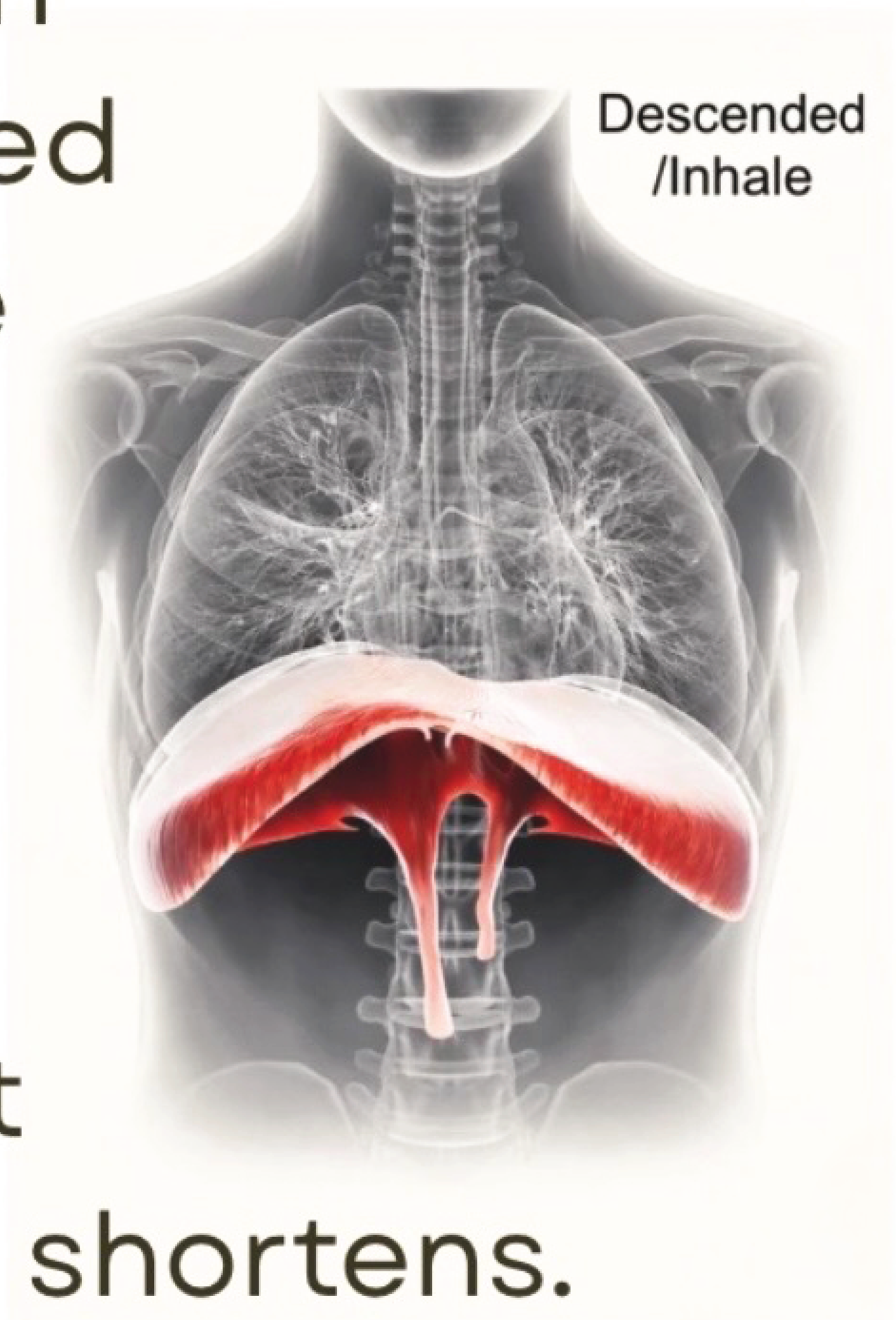
This is exactly what happens when the body is stuck in extension.

When the ribcage tilts forward and flares, the diaphragm gets pulled downward.



Because of the position of the ribs, it gets locked down and takes on the shape of an inhale.

Since it's stuck down, the diaphragm has almost no distance left to travel, so the breath shortens.

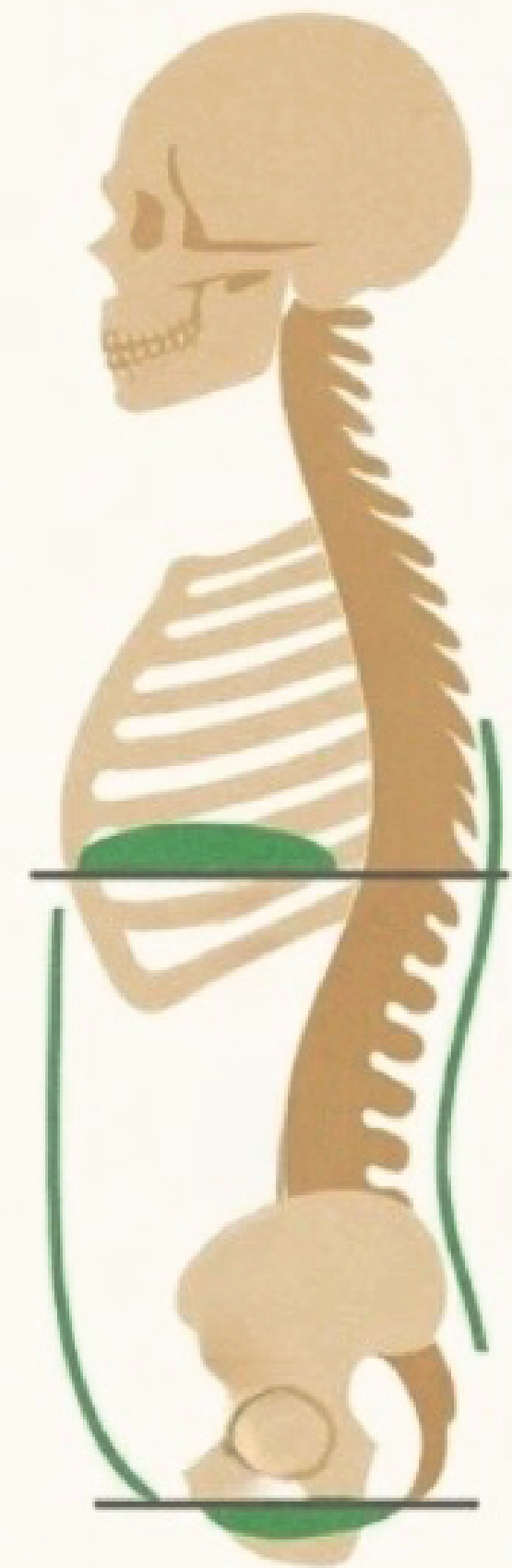


RESTORE THE STACK

So, if you want to breathe slowly (i.e., lower your respiratory rate), you have to change structure and mechanics.

The most reliable way to do that is to restore “the stack” - repositioning the ribcage over the pelvis.

Only then can you take a full exhale, which restores the domed position of the diaphragm.



Stacked



Ascended
/ Exhale

EXTENSION COMPRESSION - PATTERN



Many of us are stuck in an extension-compression pattern.

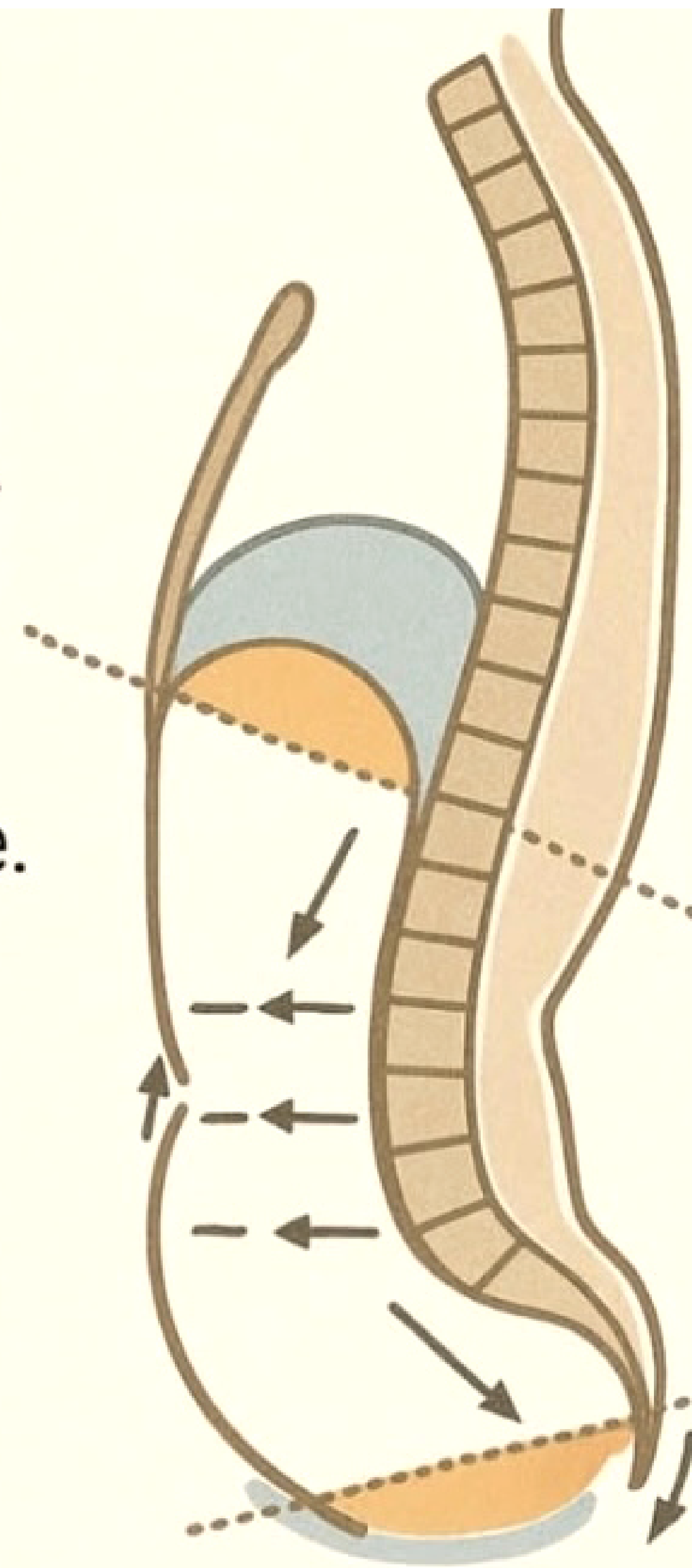
The pelvis tips forward. The ribs flare. The back overworks.

In this position, intra-abdominal pressure can't build properly.

Air gets forced forward -
instead of expanding in all directions.

The transversus abdominis and internal obliques get inhibited. The low back gets even more compressed.

And with every breath you take, you **reinforce the pattern**. So if you want to change your posture, and the way you move, it starts with optimal breathing.



A THREE DIMENSIONAL BREATH



Optimal breath mechanics are defined by intra-abdominal pressure (**IAP**).

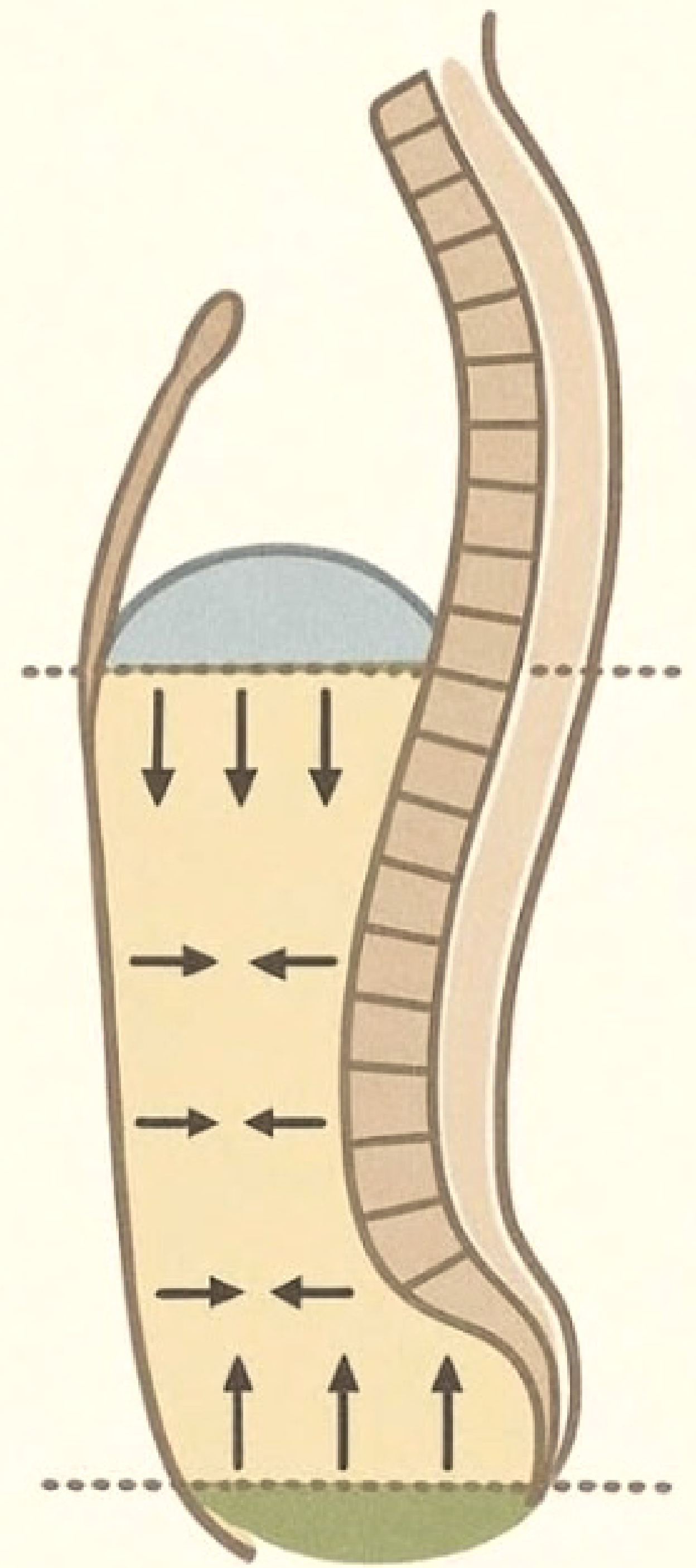
The definition of IAP is: the eccentric resistance of the abdominal wall upon inhalation.

For IAP to occur the diaphragm and pelvic floor must **stack** - one on top of the other.

As you inhale, both descend.

Pressure moves down, and the transversus abdominis resists that pressure in 3D - outward, forward, and to the sides.

So IAP is a 360° containment strategy that only works when the stack is in place and the wall can **yield circumferentially**.



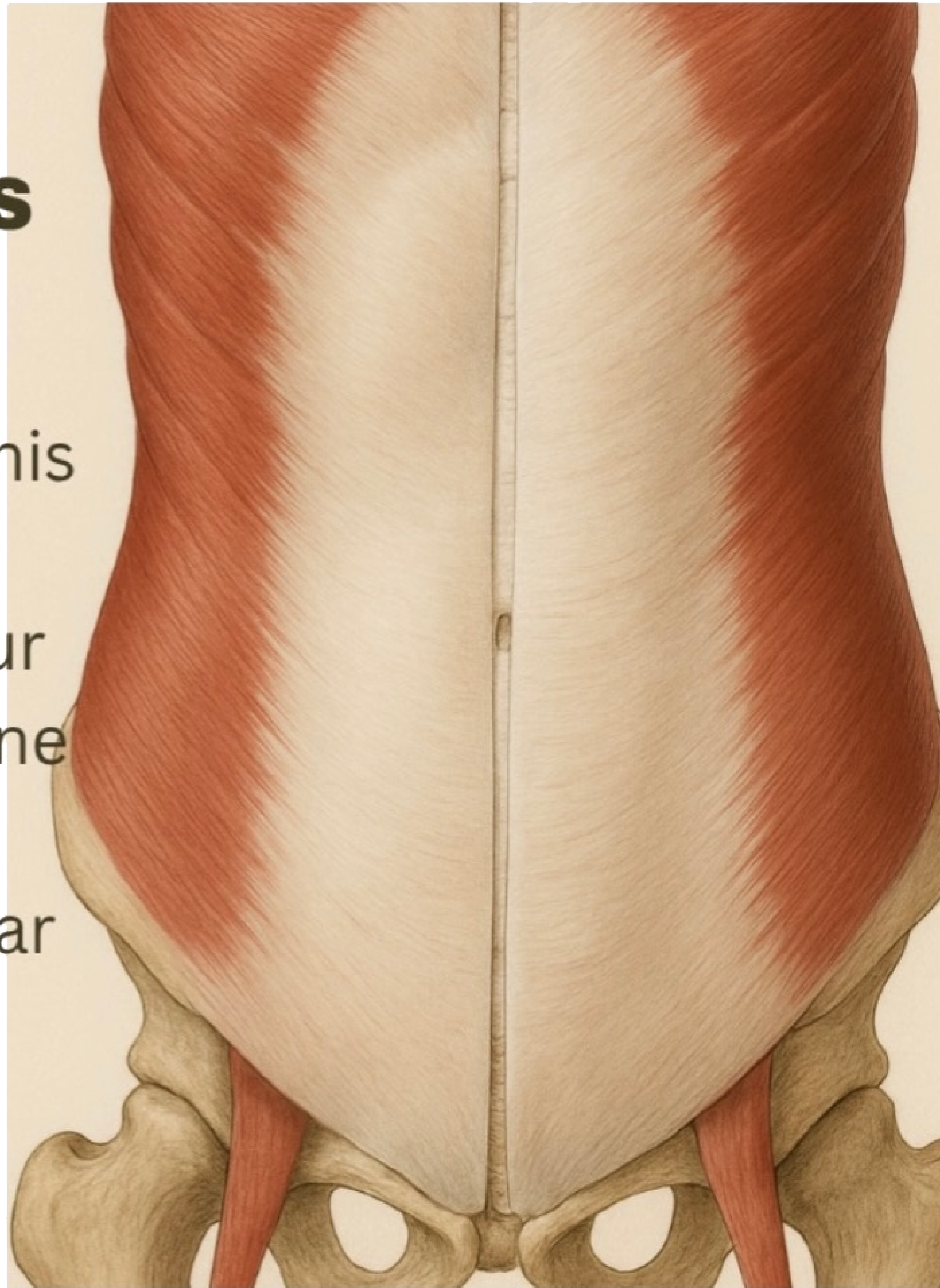
THE TRANSVERSUS ABDOMINIS

The transversus abdominis (**TVA**) is your deep core **corset**. It wraps from your spine to your front midline - anchored to the ribs, pelvis, and thoracolumbar fascia.

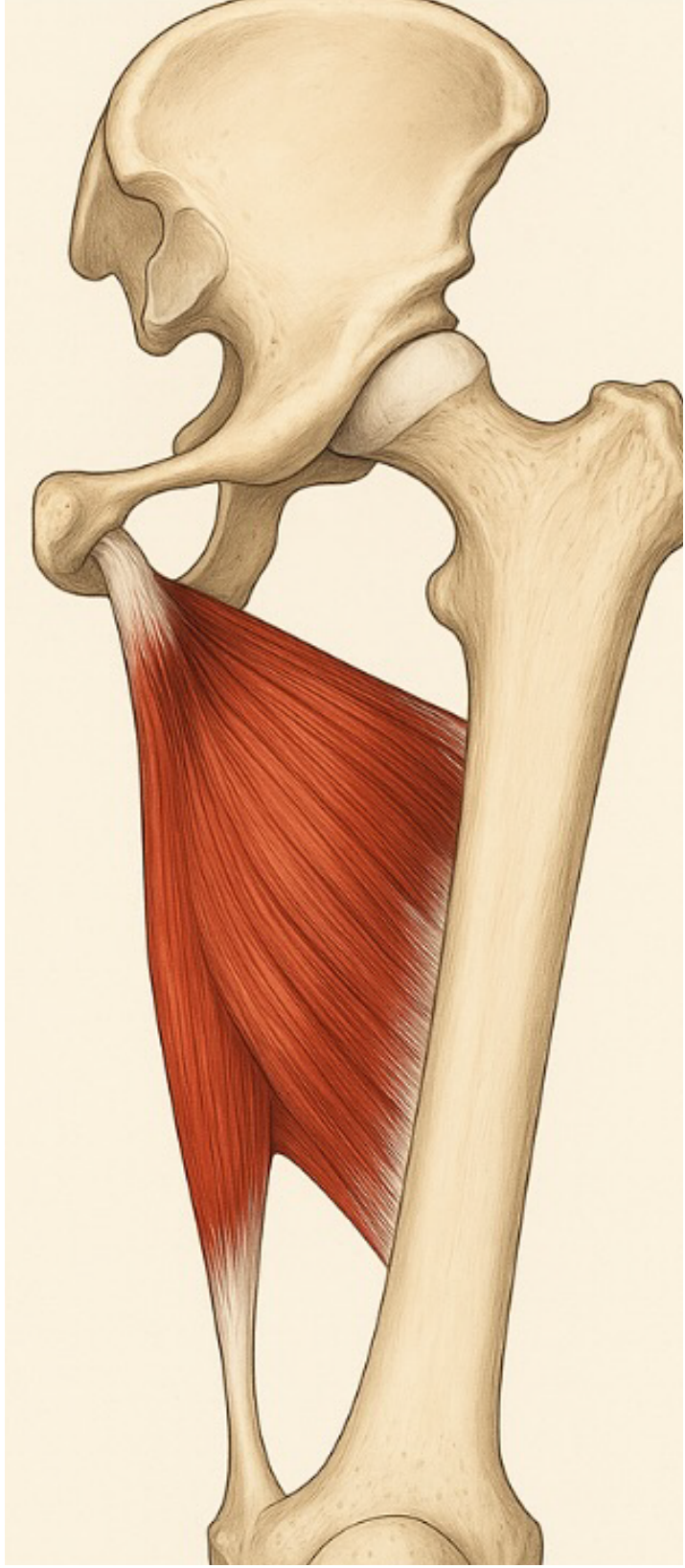
It's your **exhale muscle** - activated with a full, slow breath out. (Cough or sneeze? That's your TVA.)

But we also need it to **engage eccentrically on the inhale** - to resist pressure and keep the abdominal contents from being forced forward.

If you can't exhale well, you won't have the tone **to manage pressure when you breathe back in.**



THERE ARE 4 HAMSTRINGS, NOT 3



Most people only name the big three: semitendinosus, semimembranosus, and biceps femoris. But there's a fourth – the **ischiocondylar** portion of the adductor magnus.

It shares the same origin (ischial tuberosity), the same innervation, and it functions just like a hamstring: it can extend, it can rotate, and it plays a key role in stabilizing the hip joint.

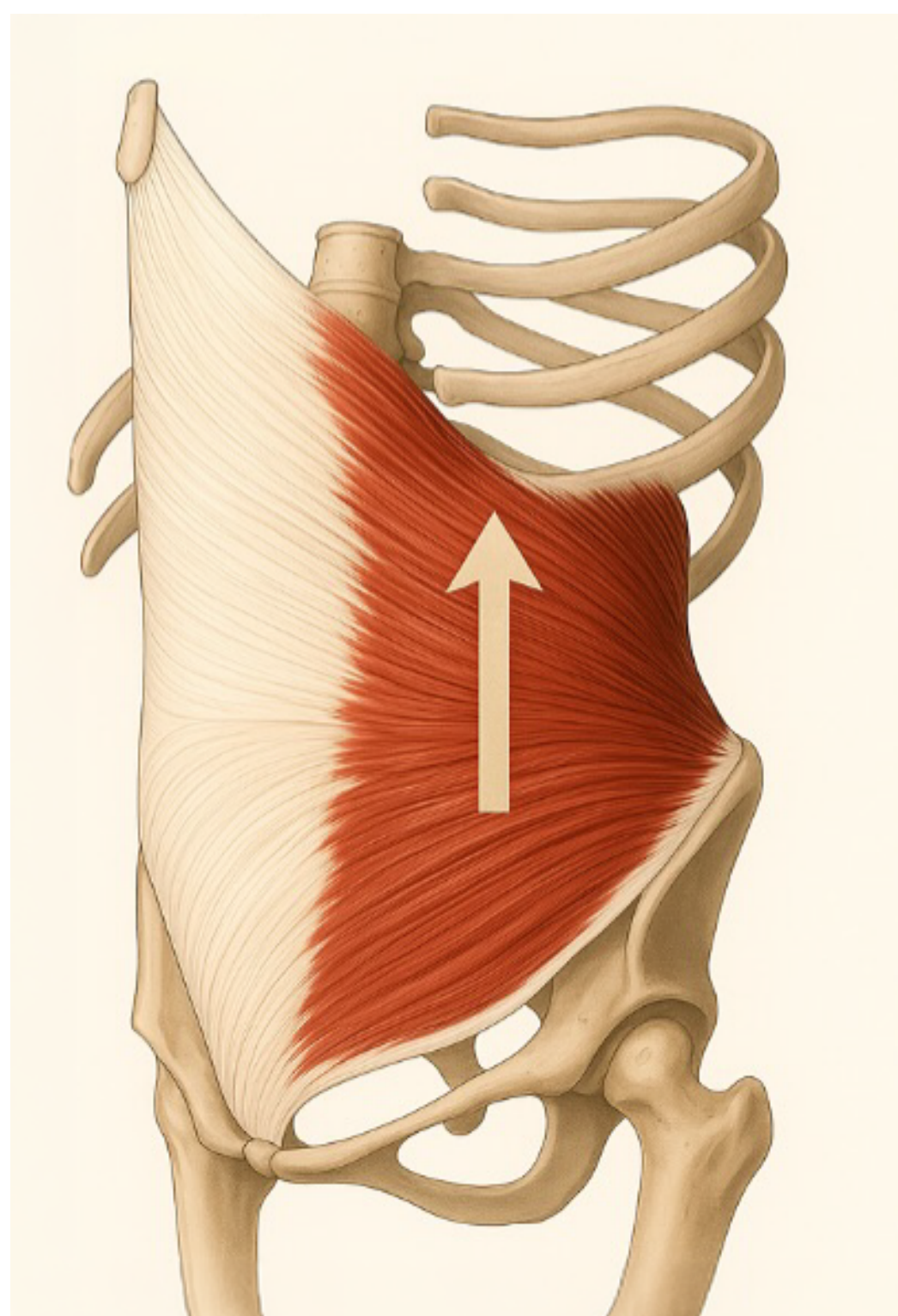
THE ABS NEED ALLIES

Long, slow, complete exhales are your allies. They bring the ribcage down, back, and in - stacking the respiratory diaphragm where it belongs.

But to stack the **pelvis** underneath it, we need two more allies:

◆ **Proximal hamstrings** pull it down from the back

◆ **Internal obliques** pull it up from the front



This creates a more **“neutral”** pelvis - putting it where it belongs, so the transversus abdominis can do its thing and maintain intra-abdominal pressure.

If the ribs and pelvis aren't properly positioned then the TVA won't contract with exhales or resist with inhales.

